

## (1) PLACE OF BIRTH

## CERTIFICATE OF BIRTH

County of Charlottesville

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

39782

Township of .....21.....In. Town of .....  
orRegistration District No. 2.2.0.1 Registered No. 335

(For use of Local Registrar)

City of ..... (No. .... St. .... Ward ....)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)(2) Full Name of Child Hayden W. Almon

If child is not yet named, make supplemental report as directed

(1) BOY OR GIRL <u>Boy</u>	(4) Twin or Triplet? <u>-</u> <small>to be answered only in case of living babies</small>	(5) Number in order of birth <u>-</u>	(6) Are Parents Married <u>Yes</u>	(7) DATE OF BIRTH <u>Dec. 27 23</u> (Name of Month) (Day) (Year)
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FATHER.

(8) FULL NAME H. A. Almon

(9) PRESENT POSTOFFICE OF FATHER Charlottesville R.

(10) COLOR OR RACE White (11) AGE AT LAST BIRTHDAY 30 (Years)

(12) BIRTHPLACE S.C.

(13) OCCUPATION Farmer

(20) Number of children born to mother, including present birth 3

MOTHER.

(14) NAME BEFORE MARRIAGE Grace Andrews

(15) PRESENT POSTOFFICE OF MOTHER Charlottesville R.

(16) COLOR OR RACE White (17) AGE AT LAST BIRTHDAY 26 (Years)

(18) BIRTHPLACE S.C.

(19) OCCUPATION Domestic

(21) Number of children of this mother now living, including present birth 3

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

(22) I hereby certify that I attended the birth of this child, who was Alive as 10 30 A. M. on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) E. E. T. Almon

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife Charlottesville

Given name added from a supplemental report

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Registrar

(26) Witness

(Signature of Witness necessary only when question 22 is signed "man")

(27) Filed Jan 9 1924 (28) E. E. T. Almon Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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